

Sealed Bid

Project: **Miles City Fish Hatchery Pond Kettle
Replacement**

MT FWP Number: **7133102**

Name of Contractor: _____

Address: _____

Dept. of Labor & Industry Cert. of Reg.#._____

Acknowledges Addendum No.:_____

Kenneth Phillips, Project Manager
Montana Fish, Wildlife and Parks
Design and Construction Bureau
1522 9th Avenue
P.O. Box 200701
Helena, Montana 59620-0701

PROPOSAL

**Montana Fish, Wildlife & Parks
Design and Construction Bureau
PO Box 200701, 1522 9th Avenue
Helena, Montana 59620-0701**

FWP Project #: 7133102

The undersigned, having familiarized himself with the conditions of the work and the contract documents, agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled **Replace Kettle, Miles City Fish Hatchery** as prepared by *Montana Fish, Wildlife & Parks, Design and Construction Bureau* in accordance with the Contract Documents including all Addenda.

CLARIFICATION This work is not scheduled until September 1st due to wet conditions during the rearing season.

A Notice of Award will be issued to the apparent low bidder within 30 days of the bid opening. The successful bidder will have 15 days to enter a fully executed contract, per Section 7.3, Instructions to Bidders. Prior to issuance of the Notice to Proceed, monthly applications for payment may be received by the owner for material costs and Performance, Labor and Material Payment Security Bond costs by submitting actual cost invoices. Five percent (5%) retainage will be withheld on all progress payments until final acceptance is achieved, per General Conditions, Section 9.3.7.

Bidder agrees to perform all work described below at the price shown as follows:

Item	Units	Unit Price	Total
Mobilization	LS	LS	
Kettle Demolition	LS	LS	
Construct New Kettle	LS	LS	

LUMP SUM BASE BID:

BASE BID: _____

AND _____/100 DOLLARS (\$_____).

And certifies that he is a duly and regularly licensed contractor registered with the Montana Department of Labor and Industry:

FIRM NAME: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

SIGNED BY: _____ DATE: _____ REG# _____

BUSINESS ADDRESS: _____

ADDENDUM NO. _____ DATE: _____ ADDENDUM NO. _____ DATE: _____